



# NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD

## Division of Pesticide Control

P.O. Box 2042, Concord, NH 03302-2042

(603) 271-3550

FEE: \$20  
NON-REFUNDABLE

### COMMERCIAL PESTICIDE APPLICATOR APPLICATION

1. REGISTRATION TYPE (please check two)		<input type="checkbox"/> Initial	<input type="checkbox"/> Supervisory <input type="checkbox"/> Operational
2. INDICATE APPROPRIATE CATEGORIES OF LICENSURE			
<input type="checkbox"/> (A1) Agricultural Pest Control – Fruit	<input type="checkbox"/> (F3) Termites and Wood Destroying Insects		
<input type="checkbox"/> (A2) Agricultural Pest Control – Herbicides	<input type="checkbox"/> (F4) Fumigation		
<input type="checkbox"/> (A3) Agricultural Pest Control – Field Crops	<input type="checkbox"/> (F5) Pole Treating and Wood Preservation		
<input type="checkbox"/> (A4) Agricultural Pest Control – Animals	<input type="checkbox"/> (F6) Food Handlers		
<input type="checkbox"/> ( B ) Right-of-way and Commercial Weed & Brush Control	<input type="checkbox"/> (F7) Sewer Root Control		
<input type="checkbox"/> (C1) Forest Pest Control and Timber Treatment	<input type="checkbox"/> (F8) Microbial Pest Control		
<input type="checkbox"/> (C2) Christmas Trees	<input type="checkbox"/> (G1) Shade and Ornamental Pest Control		
<input type="checkbox"/> ( D ) Aquatic Pest Control	<input type="checkbox"/> (G2) Turf Pest Control		
<input type="checkbox"/> ( E ) Public Health Pest Control	<input type="checkbox"/> (G3) Indoor – Foliar Pest Control		
<input type="checkbox"/> (F1) Industrial, Institutional, Structural and Health Related Pest Control (General Pest Control)	<input type="checkbox"/> ( H ) Demonstration & Research Pest Control		
<input type="checkbox"/> (F2) Mosquito and Black Fly	<input type="checkbox"/> ( I ) Regulatory		
	<input type="checkbox"/> ( J ) Aerial Pest Control		
*(NOTE: EXAM FEES ARE AN ADDITIONAL \$5 PER CATEGORY)			
3. APPLICANT NAME _____ HOME PHONE _____			
APPLICANT STREET ADDRESS _____			
APPLICANT MAILING ADDRESS _____			
_____ ZIP _____			
4. FIRM NAME _____ WORK PHONE _____			
FIRM ADDRESS _____			
_____ ZIP _____			
5. LIST THE NAMES AND ADDRESSES OF THE OWNERS, OFFICERS, OR TRUSTEES OF THE ENTITY APPLYING PESTICIDES, WHETHER OR NOT THE ENTITY IS INCORPORATED			
<b>NAME</b>		<b>ADDRESS</b>	
_____		_____	
_____		_____	
_____		_____	
6. IF YOU ARE A NON-RESIDENT OF NEW HAMPSHIRE, FURNISH THE NAME AND ADDRESS OF A PERSON WHOSE DOMICILE IS IN THE STATE OF NEW HAMPSHIRE AND WHO IS AUTHORIZED TO RECEIVE AND ACCEPT SERVICES OF SUMMONSES AND LEGAL NOTICES OF ALL KINDS ON YOUR BEHALF.			
NAME OF LEGAL REPRESENTATIVE _____			
ADDRESS OF LEGAL REPRESENTATIVE _____			
_____			
*CHECK HERE IF YOU ARE A NEW HAMPSHIRE RESIDENT: _____			

7. BEING THE SUPERVISORY LICENSE HOLDER FOR THIS FIRM, I UNDERSTAND:

- A) THAT THE PERSON LISTED UNDER SECTION 3 – APPLICANT (IF OTHER THAN MYSELF) IS AN EMPLOYEE OF MY FIRM AND UNDER MY SUPERVISION;
- B) THAT I AM REQUIRED TO LIST BELOW ANY CHANGES IN THE STATUS OF THIS FIRM:

NAME OF FIRM \_\_\_\_\_

ADDRESS OF FIRM \_\_\_\_\_

PRINCIPLE SUPERVISORY LICENSE HOLDER \_\_\_\_\_

ADDRESS OF SUPERVISORY LICENSE HOLDER \_\_\_\_\_

\*CHECK HERE IF NO CHANGES HAVE OCCURRED \_\_\_\_\_

- C) THAT THE FIRM'S INSURANCE COVERAGE MEETS OR EXCEEDS THE MINIMUM REQUIREMENTS AS STATED IN PES 302.03 FOR **ALL** OF THE FIRM'S EMPLOYEES FOR THE DURATION OF THE ONE YEAR LICENSING PERIOD.

**INSURANCE LEVELS**

**GROUND APPLICATION**

**AIRCRAFT APPLICATION (AERIAL)**

\* Bodily Injury  
Liability

50,000 each person  
100,000 aggregate

100,000 each person  
300,000 aggregate

\* Property Damage

50,000 each occurrence

100,000 each occurrence

\*COVERAGE ABOVE, ALTHOUGH IT MAY NOT INCLUDE CHEMICAL LIABILITY, AS IT WOULD RELATE TO POLLUTION COVERAGE, MUST INCLUDE PRODUCTS/COMPLETED OPERATIONS AND LIABILITY COVERING DAMAGES OR INJURY THAT MAY RESULT FROM THE APPLICATION OF PESTICIDES.

HAVING READ THE FOREGOING, I ATTEST THAT THESE CONDITIONS (A, B, & C) ARE UNDERSTOOD AND HAVE BEEN FULFILLED.

PRINT NAME \_\_\_\_\_

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF SUPERVISORY LICENSE HOLDER)

8. I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION ON THIS APPLICATION IS GROUNDS FOR DENIAL OF REGISTRATION (LICENSING) OR ANY OTHER ENFORCEMENT ACTION AS DEEMED APPROPRIATE.

PRINT NAME \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

**- IMPORTANT -**

**NO LICENSES WILL BE ISSUED UNLESS ALL SECTIONS (1-8) ARE COMPLETED PROPERLY!**